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ABSTRACT

These two conference papers from the Biennial Conference on Postsecondary Education for Persons who are Deaf or Hard of Hearing focus on campus life issues for individuals with deafness or hard of hearing. The first paper, "A Customized Residence Hall Experience for Students Who Are Deaf or Hard of Hearing" (Nancy Kasinski and others), describes an academic residential program for students with deafness or hard of hearing at Northern Illinois University. The Hearing Impaired Interest Floor is designed to bring together students who have common interests, provide special recreational and social events including captioned tapes, provide educational programs that pertain to hearing impairment, and stimulate interaction between those students who are deaf and hard of hearing and those who are preparing for careers in working with individuals who are deaf or hard of hearing. "Alcohol and Other Drug Use among Post-Secondary Deaf and Hard of Hearing Students" (Kathy Sandburg), describes the Minnesota Chemical Dependency Program for Deaf and Hard of Hearing Individuals, a program designed to meet the chemical dependency treatment needs of such individuals in an environment that is cognizant of and responsive to the communication and cultural needs of individuals with deafness or hard of hearing. (CR)

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Addressing Student Life Issues

Conference Proceedings
1996

Challenge of Change: Beyond the Horizon

Seventh Biennial Conference on Postsecondary Education for Persons who are Deaf or Hard of Hearing, April 17-20, 1996, Knoxville, TN

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EC 305552

A Customized Residence Hall Experience for Students who are Deaf or Hard of Hearing

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Northern Illinois University is a state supported, comprehensive university. There are approximately 16,000 undergraduate and 7,000 graduate students enrolled at NIU. NIU is about 65 miles east of Chicago and thirty miles south of Rockford, Illinois' second largest city.

For many years, NIU has had a larger than normal population of deaf and hard of hearing students for a mainstreamed university (average of 40 students enrolled at the college level). One reason this is true is probably due to NIU's location and the existence of several large high school programs for deaf and hard of hearing as well as several good programs in community colleges located in the Chicago suburban area. Also, even many years before Section 504 of the Rehabilitation Act of 1973 went into effect, the Program for Hearing Impaired, a self-contained transition program for deaf and hard of hearing students was established at NIU. In addition, an undergraduate program in deaf education and graduate and undergraduate programs in deafness rehabilitation add to the attraction of NIU for students.

Early on, the problem was identified of providing appropriate housing for the student who was deaf or hard of hearing. Adapting all residence hall rooms on a campus to accommodate students would be both impractical and financially prohibitive. "Deaf community" is important, but we did not want to segregate students. Since 1978, a cooperative endeavor between the office providing support services to deaf and hard of hearing students and Student Housing Services, provides interested hearing and deaf/hard of hearing students a unique learning experience, utilizing as a catalyst a residence hall floor.

Academic Residential Programs

Academic Residential Programs are special housing options jointly sponsored and administered by the Office of Student Housing Services and an academic unit of the University. These options are highly recommended for students who have interests or career plans in the related programs. Student participants take part in the usual social and educational activities characteristic of any residence hall floor, but also have the opportunity to gain additional benefits oriented towards specified areas of academic interest. These benefits include additional faculty interaction, special facilities and equipment, programs and activities in the academic

area of interest, exposure and concomitant discussion with other students who share the same interests, and an increased opportunity for career information and faculty references.

NIU's first academic residential program was created in 1974 and is currently in its 22nd year of operation. The ten academic residential programs created since 1974 currently accommodate over 600 students on thirteen residence hall floors. The Hearing Impaired Interest Floor was created in 1978, and has been a popular option since that year. The description of the Hearing Impaired Interest Floor is as follows:

This special floor option is designed for those students who are deaf/hard of hearing or for those who are majoring in areas that relate to hearing impairment. Examples would include such majors as deafness rehabilitation, audiology, speech and language pathology, and teacher training of children who are hearing impaired/deaf or the multiple handicapped. The goals of the floor include: 1) bringing together those students who have common interests; 2) providing special recreational and social events including captioned tapes; 3) providing educational programs that pertain to hearing impairment; and 4) stimulating interaction between those students who are deaf/hard of hearing and those who are preparing for careers in working with individuals who are deaf or hard of hearing. Such activities will enhance personal and educational growth and will create a better understanding of all members involved with this floor. All students will have access to 1) staff who are knowledgeable of hearing impairment, and 2) special equipment such as visual doorbells, a visual fire alarm system, amplified handsets for telephones, a TTY, and a television with closed captioning.

Program Management Team

Each academic residential program requires the cooperation of a number of individuals: faculty, central housing office staff, residence hall staff, and program participants. The first component of an academic residential program at NIU is the "Faculty Coordinator." The selection of the Faculty Coordinator by the participating academic unit assures consistent involvement on the part of the academic unit in the development of the residential option. The Faculty Coordinator must be committed to the goals of the academic residential program and have time allotted to work with both the program and its student participants. In addition, to be successful, he/she must be able to interact effectively with students and have a positive perception of Student Affairs and the potential of the academic option component in the residence halls. The Faculty Coordinator assists in the design and implementation of the academic residential program through the development of program goals and expectations for student development. In addition, the Faculty Coordinator works cooperatively with the housing staff in establishing criteria for the recruitment, selection, placement, and retention of student participants. He/she is involved in the selection process for the undergraduate Resident Assistant (RA) assigned to the program. The Faculty Coordinator also holds specific responsibility for coordinating the involvement and support of other faculty in the activities of the academic residential program and for supervising the work of the Resident Assistant in those functions directly related to the academic aspects of the program. The Faculty Coordinator attends and participates in appropriate staff meetings, works

with the housing staff, Resident Assistant, and floor participants in planning and implementing academically-related activities, and participates directly in the ongoing evaluation of the program.

In order to assure good communication and planning, the Office of Student Housing Services also designates a specific member of the administrative staff to work with the academic option floors. This individual, the "Housing Office Liaison" holds responsibility for overall coordination of all academic residential programs. As well as working with the Faculty Coordinator to develop the program and procedures involved in the program, the Housing Office Liaison has specific responsibilities including chairing academic residential program staff meetings, coordinating residence hall facilities and services used by the academic residential programs, and clarifying or mediating issues of concern between the academic and student affairs staff members associated with the program.

The creation of the position of Housing Office Liaison demonstrates the level of commitment from the Office of Student Housing Services and the Division of Student Affairs to the concept of the academic residential program. Time must be allotted for the Housing Office Liaison to take on this task and the individual must be able to work with faculty members and reflect an appreciation for the faculty role in a such a program. Finally, the individual selected must have demonstrated leadership, organization, communication, and administrative skills.

Residence hall professional staff members also have an important role with an academic residential program. In addition to their general administrative, supervisory, training, advising, counseling, and programming responsibilities in the residence hall, designated residence hall staff members must become involved with an academic residential program. This involvement consists of assisting in the development of the residential program's special activities, supervision of the program's RA, and attendance and participation in the academic residential program's staff meetings. In the case of the Hearing Impaired Interest Floor, the Director of the Residence Hall and the senior staff member responsible for supervising the RA of the floor are directly involved with the program.

As the member of the management team that lives on the floor and has the most contact with the residents, the Resident Assistant (RA) of the floor is a very important member of the management team. The RA is supervised by the residence hall senior staff for the standard RA position responsibilities including, but not limited to: establishing positive rapport with individual floor residents; assisting in crisis intervention; developing and maintaining a community environment; advising student activities; enforcing rules and regulations; participating in hall coverage; and completing administrative requirements. In addition, the Resident Assistant is supervised by the Faculty Coordinator for any appropriate responsibilities designated by the Faculty Coordinator and approved by the Housing Office Liaison. Typical additional responsibilities include: assistance with the program's special academic activities; coordination of special equipment, completion of reports for the sponsoring academic unit; and participation in the academic residential program staff meetings.

The selection of the Resident Assistant for the Hearing Impaired Interest Floor has been a joint effort between the Senior Residence Hall Staff and the Faculty Coordinator(s). The Student Housing Office has a planned procedure for RA selection which begins with informational meetings for students thinking about becoming Resident Assistants and proceeds through many group processing activities and interviews. After Housing Services determines the candidates that will be invited to apply for RA positions, candidates interested in the Hearing Impaired Interest Floor are referred to the Faculty Coordinator(s) for interviews. Returning RAs that might be interested in the floor are also referred for interviews. The ideal RA for the floor would be a person with strong RA skills, RA experience, knowledge of deafness and good signing skills. Unfortunately, candidates fitting this description are few and far between. Through the years, we have found that the most important quality for the RA is strong RA skills. We would like an RA who could sign, but we have found that this skill is not as important as the RA skills and the willingness to be flexible in communication and to learn some sign.

Communication between the members of this team is essential to the smooth running of this program. Communication is facilitated by monthly meetings of the Academic Coordinators, the Housing Office Liaison, the Residence Hall Senior Staff members, and the RA. Information at these meetings include feedback on residents' interactions, floor members' participation, prior floor activities, and upcoming activities. In addition, regularly scheduled meetings occur between the RA and a Faculty Advisor (weekly or bi-weekly).

The Hearing Impaired Interest Floor is a coed floor located in Grant Towers South, a large residence hall of two towers with ten floors of student rooms in each tower. The floor has twenty-five student rooms, one room for the Resident Advisor, a "typing/study" room, a pressing room, two restrooms, and a lounge. At full capacity, with no single rooms allotted, the floor will have fifty residents and one RA.

Typically, the floor population can be categorized into several different groups: students who choose to live on the floor who are deaf or hard of hearing; students who choose to live on the floor who are in a related major; students who choose to live on the floor for some miscellaneous reason; and students who are assigned to the floor. It is interesting to note, that although the last group of students did not initially choose to live on that floor, the majority elect to return to the floor the following year.

Each student who requests to sign up on the floor, signs a "Request to Live on Hearing Impaired Special Interest Floor", which contains the expectations of the residents of the floor. These expectations are:

1. Be in good academic standing.
2. Abide by rules and regulations regarding study hours, as well as respecting study rights of all others on the floor.
3. Attend all floor meetings called by the RA
4. Participate in social and educational activities sponsored by the floor. (Non-hearing impaired students must attend at least two educational programs per semester).

5. Assist in the organization and/or implementation of at least one social, cultural or educational program per year.

6. Contribute to a good atmosphere on the floor through a positive attitude towards other residents and towards planned activities, in order to develop a strong sense of community spirit and involvement.

If a student does not abide by this set of expectations, they may be removed from the floor or denied the right to return the next year. (This would probably not occur in the case of a student who is deaf or severely hard of hearing who needs the safety features of the floor). It is interesting to note that in the nineteen years the floor has been in existence, only a handful of students were "encouraged" to not return, and only one was actually "denied" the right to return. The residents of this floor have always been very active and enthusiastic, and have high rates of participation in activities.

Equipment

Each room on the floor has been equipped with strobe fire alarm lights. In addition, each room has been wired with "doorbell light" and a flashing light for the telephone. Telephones are also equipped with volume control handsets. Illinois has a state funded program for eligible residents to obtain a TTY, so most qualified students have them, but there are TTYs available for short-term check-out for students who do not have their own. Through the years, the residents have also raised money for a television set, VCR, and decoder for the lounge. Last year, the floor won a contest for most participation points in Grant South, and won a large screen television which has the closed caption option in it. They have donated the older set and decoder to the hall to use for programs.

Recruiting

Students are recruited to become residents of this unique academic option floor in a number of ways. A brief description of the floor is already included in the housing informational packets that prospective students receive shortly after being accepted. In addition, approximately every six weeks, the Office of Registration and Records sends the Faculty Coordinator names and addresses of prospective students who have indicated on their applications that they intend to major in one of the majors related to deafness. The Faculty Coordinator then sends them packets of information explaining the purpose of the floor and encouraging them to consider the floor as their choice of housing options on their "Housing Application."

When Student Housing Services receives prospective students' applications, they are processed for room assignments. If students have selected the Hearing Impaired Interest Floor as their second or third choice, the Faculty Coordinator is given the student's information, and a letter is sent to the student encouraging the student to reconsider their choice. Sometimes, the Faculty Coordinator will call a student to see if they have questions regarding the floor that will help them make informed decisions about their housing options.

The Faculty Coordinator is also the coordinator of support services for deaf/hard of hearing students at NIU. As such, she is able to disseminate information to prospective deaf/hard of hearing students about the floor, stressing the importance of the safety benefits of living on the floor. Students may choose to live elsewhere in the residence halls with more limited accommodations, but most choose to live at least their first year on this floor.

In-house networking assists in effective recruitment. Encouraging academic advisors in the various deafness/health-related departments to disseminate information during orientation for prospective students, or advising week for currently enrolled students has worked well. In addition, the institution's scheduled Open House's are another means of promoting the floor.

Current and past residents of the floor are excellent promoters for the floor. Often, friends of residents request to live on the floor after visiting and seeing the floor "in action." Prior to "Hall Sign-up" for current students, residents of the floor sometimes will go to select classes to give short announcements about the floor, encouraging students to sign-up for it. These are usually introductory level special education or communicative disorders classes. Short presentations or oral announcements are often given in various sign language classes around campus.

Activities

Traditionally, the residents of this floor have been very active in floor and hall activities. A variety of floor activities including social, academic, and service-oriented are available. The floor regularly wins "participation contests" in the hall ranging from the number of residents contributing in a blood drive to the number of activities and participants during a semester. Students are active as floor and hall officers, and participate and contribute to many of the hall committees.

Emphasis is placed on providing programming in the area of deafness to not only residents of the floor, but also to all residents of the hall. Every fall, the residents of the floor are active in planning a "Deaf Awareness Week." Guest speakers, movies, Sign Sync, and other activities are highlighted during the week. One evening, all residents of the residence hall must fingerspell their name to get into the cafeteria. An announcement of the requirement as well as the alphabet are placed in each resident's mailbox. Residents of the floor are available that evening, to teach and assist students to fingerspell their names. Throughout the year, residents of the floor teach non-credit sign language classes to interested hall residents.

Opportunities are provided to allow students and faculty more interaction than just through classes. Faculty members are invited to give presentations at the hall. The floor has sponsored "advising workshops" with advisors from related departments. Presentations/workshops on career opportunities in the related fields have been successful. More informal interaction between students and faculty members is encouraged by inviting faculty members to have dinner with the floor residents.

Evaluation/Feedback

Written evaluations are received from the residents of the floor. These evaluations reflect a high level of satisfaction in the experience of living on the floor. Comments from residents and observations from professionals involved indicate the following :

- The floor usually develops a strong sense of unity and community. Students indicate that they have interests in common and therefore benefit from living together. A high number of returning students each year further indicate residents' satisfaction with the program.
- The residents learn from each other and learn to appreciate their differences. Students who are majoring in deafness related fields, but who are not familiar with the Deaf World, comment that they learn many things about the deaf that they would never learn or experience in the classroom.
- The floor provides positive exposure to the world of deafness to the entire population (approximately 1,000 students) of the residence hall.
- Parents of new students feel more secure knowing their daughter/son is a resident of the floor. The additional faculty contacts, contacts with the Faculty Coordinator and the closeness of the floor help them to feel that their "child" will not just be a number that gets lost in the crowd.
- Living on the floor assists many deaf or hard of hearing students that have had little or no contact with other deaf or hard of hearing students, to feel more comfortable interacting with their peers. They transition in to better acceptance of their situation and become comfortable interacting in a deaf community.
- Residents who are deaf or hard of hearing tend to have more frequent contacts with the coordinator, and are not as hesitant to approach her with problems as students who live in different situations.
- Students without much prior sign language experience, benefit from living on the floor and seeing and using sign language on a daily basis.

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Alcohol and Other Drug Use Among Post-Secondary Deaf and Hard of Hearing Students

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PROGRAM OVERVIEW

MCDPDHHI as a Model Program

The Minnesota Chemical Dependency Program for Deaf and Hard of Hearing Individuals (MCDPDHHI) was established in 1989 to meet the chemical dependency treatment needs of deaf and hard of hearing individuals in an environment that was cognizant of and responsive to the communication and cultural needs of these persons. Initially designed with an adolescent focus, the Program has expanded to serve persons aged sixteen years and above. In 1990, the Program was the recipient of a grant from the Center for Substance Abuse Treatment under the Critical Populations section to serve as a model program for substance abuse treatment of deaf and hard of hearing persons. The grant, initially funded for 3 years and later renewed for an additional 2 years, provided for the development of clinical approaches, specialized treatment materials, outreach and training services and dissemination of products and information. Through the support of the grant funding, two national conferences were held that focused on substance abuse and deafness. A number of materials were developed and the approaches developed by the Program were captured in print and videotape so they could be replicated in other areas. In addition, the Program also received a grant from the Office of Special Education and Rehabilitation Services. This grant provides intensive four day Professional Development Forums focused on training professionals who work with deaf and hard of hearing clients who may be chemically dependent. To date, 19 of these trainings have been held with more than 350 participants from a variety of professions including vocational rehabilitation, education, interpreting, counseling and others. An additional five trainings will be provided according to the current funding.

Client Demographics

Program participants come from across the United States and Canada. As of this date, more than 490 persons have received treatment services at the Program. While the Program serves a diverse spectrum of clients, the majority of the clients are deaf (88%), male (78%) and Caucasian (77%). However, males and females representing a variety of ethnic groups have participated in the Program including those of Native American/Canadian, Hispanic and African American backgrounds. Hard of hearing persons as well as deaf persons with additional physical challenges including cerebral palsy, Usher's Syndrome and other vision

problems have been clients in the Program. Clients come from a range of family backgrounds, social situations and educational experiences and vary in age from 15 to 74 years of age with the largest percentage of clients in the 25 to 35 years of age range.

A variety of funding sources have covered the cost of client treatments. Thirty-seven percent of clients are funded by Medicare; 19% are funded by Medicaid. Private insurance is the funding source for 21% of the clients and funding for the remainder of clients comes from sources including Indian Health, vocational rehabilitation, HMO's and Canadian funding sources. The average length of stay is approximately 35 days with shorter stays often being dictated by limitations of funding sources.

When clients come to the Program, they are asked to indicate their preferred mood altering chemical. Alcohol is the most commonly preferred chemical (57%) followed by cocaine (18%), marijuana (12%) and crack (9%). Other drugs including heroin, hallucinogens, tranquilizers, inhalants and PCP represent the preferred drug for about 3% of the admissions. Aside from the preferred chemicals, most clients are polysubstance users meaning that they use a combination of alcohol and other drugs. In addition to chemical dependency, clients who participate in treatment at the Program often present with issues related to physical health, mental health, abuse, sexually transmitted diseases, family issues and legal or employment status.

Materials Development

With the support of the grant from the Center for Substance Abuse Treatment, the MCDPDHHI has developed a number of materials in the area of alcohol and other drug abuse for use with deaf and hard of hearing persons. "Dreams of Denial" is a 23-minute video presented in voice, sign and captions and designed to be an education/prevention tool for adolescents through adults. The video tells the story of a deaf man who is struggling with chemical dependency and raises a number of issues faced by deaf persons related to the use of alcohol and other drugs. The video includes information about peer pressure, Twelve Step groups, treatment, family issues and barriers faced by deaf and hard of hearing persons in recovery. The video comes with an instruction guide which provides complete information for use of the video in a variety of settings.

"Choices" is a curriculum developed by the Program to address the areas of risk taking and decision making skills. The concepts taught in the curriculum are applicable to a wide range of age levels. The curriculum offers instruction and skill building on free/forced choices, a model decision making process, strategies for identifying alternatives, risk assessment and practical application of the skills taught. The curriculum is presented in a workbook format with complete teaching instructions.

"Clinical Approaches Manual" is the complete description of therapeutic approaches developed at the Minnesota Chemical Dependency Program for Deaf and Hard of Hearing Individuals. Within the manual program philosophy and techniques are described in detail. Sample assignment sheets as well as behavior management strategies are included. In addition to assignments based on the Twelve Steps of Alcoholics Anonymous, the manual includes assignments for specialty groups such as grief group and evaluation

assignments. A videotape, "An American Sign Language Interpretation of the Twelve Step Program", was developed to accompany the manual. This hour-long video presents an explanation in ASL of each of the Twelve Steps and is also voiced and captioned. The video may be used in conjunction with the assignments given in the manual.

A relapse prevention workbook entitled "Staying Sober: Relapse Prevention Guide" provides individuals with information about the process of relapse and offers strategies for preventing or intervening on the relapse process. This workbook is designed to be used with a counselor or other professional and gives clients the opportunity to use various methods of communicating their ideas. The book identifies common relapse triggers, explores feelings of recovery and relapse, and reviews important principles of self care in recovery.

The National Information Catalog is a listing of materials designed for deaf and hard of hearing consumers targeting substance abuse and related topics. The catalog provides a description of the materials and information about where they can be obtained. The Program also publishes a newsletter which carries articles and announcements related to substance abuse and deafness. The Program also makes available numerous articles and printed materials about this subject area.

Program staff continue to be active in sharing information with interested persons including professionals serving deaf and hard of hearing persons, consumers, educational institutions and community members. The program is active in the local Minneapolis-St. Paul area providing prevention/education and intervention services at school programs for deaf and hard of hearing students. Likewise, Program staff provide consultation and presentations to other agencies serving deaf and hard of hearing persons. The Program frequently receives requests to provide presentations at local, regional and national conferences. Although the primary purpose of the Program is to provide chemical dependency treatment services, staff is also committed to outreach and training services as time permits.

CHEMICAL USE, ABUSE AND DEPENDENCY

Continuum of Chemical Use

The use of mood altering chemicals is often viewed on a continuum from no use of mood altering chemicals through dependent use of these chemicals. On the "no use" end of the continuum are generally those people who have never used mood altering chemicals. Although this position may be viewed as an absolute, it seldom exists this way. Usually, we consider that someone is abstinent (no use) when they abstain from alcohol and other common drugs of abuse. Typically our consideration of chemicals does not include prescription and over the counter medication, caffeinated beverages, tobacco, household or work place chemicals and various kinds of food. For the remainder of this discussion, we will consider alcohol and other drugs. Most people, at some time in their lives, move into the portion of the continuum called "use". Usually, this begins in the

adolescent years with experimental use of mood altering chemicals. At the most conservative end, the "use" portion of the continuum includes moderate or occasional administration of the chemical either as appropriate medical use or appropriate social/recreational use. It is often in the area of social use where ambiguities arise based on the various norms which help to define what is appropriate. Among the sources for these norms are the culture(s), religion, parental influence, peer group and personal values. When the norms from these sources are unclear or conflicting, ambiguities arise. As one moves along the continuum, use remains moderate but becomes more frequent and then habitual. The beginning of risk behavior emerges when one uses mood altering chemicals for the thrills or with the intent to get high or drunk. In this stage, there may be use to relieve stress feeling like one needs the chemical to deal with pressures.

At the point at which one's use of mood altering chemicals interferes with normal functioning, one crosses into the area of abuse. Characteristics of abusive use include use of excessive amounts of chemicals; inappropriate use (including thrill-seeking, intent to get drunk/high, spree use); continued use in spite of negative consequences; rationalizations and minimizing use; lack of awareness about the degree of impairment; and inability to change in spite of plans.

Dependency is defined in a variety of ways by different sources. It generally includes a kind of craving that must continue to be satisfied by repeated use (for its usually pleasurable effects) even when negative effects accompany or result from the use. Dependent or addictive use of mood altering chemicals means significant interference with normal functioning and usually deviates significantly from cultural norms. The notion of the use being beyond the control of the individual is generally accepted as part of the criteria. Also, there is a feature of preoccupation with the drug, usually to the exclusion of most other things in the individual's life.

The progression from abstinence or use to dependency can vary in the length of time it takes to happen. Generally, the younger a person is when the progression begins, the more quickly it advances. An elderly person may also experience a more rapid progression toward dependency. While it is possible for a person to move back and forth from one area to another, it is generally agreed (at least in the disease model of chemical dependency) that an individual cannot move from dependency back to non-problematic use. In fact, a dependent person who experiences a period of recovery (abstinence) and then relapses, immediately returns to the low point or extreme of his or her dependent use (as opposed to beginning the progression again).

Risk Factors for Developing Chemical Dependency

Although there is significant debate about the etiology of substance abuse problems, a number of factors are thought to increase a person's risk for developing difficulties with the use of mood altering chemicals. Probably foremost among the risk factors is family history of chemical dependency. Studies, mostly focused on alcohol use, show an increased risk of developing addiction when parents have a history of substance abuse. Some studies seem to show involvement of biological factors, but whether this risk stems from environmental factors or genetic ones, it appears to be an important warning sign. Several other factors

are also thought to contribute to the development or seriousness of substance abuse problems. Use of mood altering chemicals at an early age often progresses to abusive use more quickly than in adults.

Individuals who lack education about alcohol and other drugs, or who do not have resources to support a drug free lifestyle, may be more at risk. When an individual has very successful experiences with mood altering chemicals, this tends to provide a positive reinforcement for continued use. Similarly, lack of negative consequences connected to chemical use may also serve to support ongoing use.

Signs & Symptoms in Life Areas

One way of assessing the impact alcohol and other drugs have on a person's life is to consider the consequences of that use in various life areas. Typical life areas to be considered include physical health, financial issues, family relationships, work/school performance, legal issues and social interactions. Taken together, these areas give a fairly complete picture of the individual's life. When a person is abusing mood altering chemicals, the impact in each of these life areas may provide an indicator as to the extent of the chemical abuse. The following are some of the consequences commonly seen in the respective life areas.

Physical
frequent, unexplained illness
sudden weight loss or gain
injuries (from fight, accidents)
generally unhealthy appearance
unusual sinus or dental problems
memory loss (blackouts)
hangovers

Financial
overdue bills
banking problems
borrowing/stealing money
owing money to others
gambling activity
unexplained sources of income

Family
fights, disagreements (about use)
neglect of responsibilities
failure to attend family functions
lack of trust
separation/divorce
loss of custody of children

Work/School
unexplained absences
pattern of absences/tardiness
inconsistent/declining performance
under the influence of chemicals
problems with boss/co-workers
discipline on job/in school

Legal
DWI or DUI charges
probation violations
restraining orders
legal fines
court appearances

Social
isolation, lack of friends
changing friends
socialization centered on use
friends are older or younger
broken relationships

These signs can help to detect a problem with the use of alcohol or other drugs. One or a small number of symptoms alone is probably not significant but in combination, they can point to difficulties. Change is also a significant factor to consider. Changes in these areas that are not attributable to other causes

may also be indicative of a problems in this area. By looking at the life areas as named above, one can begin to get a complete picture of how chemical use impacts the individual's life as a whole.

In the treatment setting, the life area consequences mentioned above may be used in assessing the extent of a person's chemical use. However, specific criteria are used to make an official diagnosis for the purpose of planning and monitoring treatment. The American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV) is a commonly used for diagnostic standards. The DSM-IV criteria for alcohol dependence include a maladaptive pattern of alcohol use; increased tolerance; characteristic withdrawal symptoms; inability to cut down or stop; giving up or reducing social, occupational or recreational activities because of drinking; time spent focused on drinking or obtaining alcohol; and continued drinking despite physical or psychological problems caused by the use of alcohol. Use of these criteria enable treatment providers to demonstrate the need for treatment services.

INTERVENING ON CHEMICAL USE

Educational Efforts

Many times, prevention is thought of in the narrow sense as efforts intended to prevent or delay the use of alcohol and other drugs. If prevention/education efforts are viewed in this context, it appears that these efforts have little place in the post-secondary setting since many, if not most, post-secondary students will have already used mood altering chemicals. However, if prevention/education is viewed in a broader context as a continuum, aimed at the continuum of use, application in the post-secondary setting is possible. Primary prevention, efforts aimed to prevent use before it starts, will not be appropriate for most post-secondary students. However, it is important to remember that some young people will leave high school without having experimented with alcohol or other drugs. These students can benefit from education and training in the areas of self esteem, relationships, decision making, communication, empowerment and refusal skills, all of which are included in prevention/education. In addition, information about the drugs themselves remains an important component, possibly more important with deaf students who may be lacking in their knowledge of these chemicals.

Secondary prevention involves prevention services aimed at individuals who have experienced some chemical use. Different strategies and techniques will be used when dealing with students who have had their own encounters with alcohol or other drugs. Topics such as consequences of chemical use, risks of chemical use, identification of pressures to use drugs and making choices are important in these prevention/education efforts. In addition to education, students can also benefit from support services such as counseling, support groups and help centers. Institutional policies and procedures which help to identify developing problems with alcohol/drugs and respond to them in a constructive way are also a part of secondary prevention. Post-secondary programs should have accessible counselors who are knowledgeable about alcohol and other drugs.

Programs may be involved in sponsoring activities that serve as alternatives to alcohol and drug use. They may offer counseling, support groups and other resources students can access for assistance. Programs should also be aware of outside resources that students can utilize for help with alcohol or other drug problems. There should be an awareness of where students can obtain an assessment if problems arise.

Tertiary prevention refers to efforts that seek to prevent resumed use or relapse in individuals who have abused chemicals. Generally, this kind of activity includes the types of services recommended after a treatment experience. Aftercare often includes ongoing counseling, relapse prevention efforts, Twelve Step meetings and sponsorship. Post-secondary programs might support Twelve Step meetings by providing meeting space, assisting with interpreter services and making lists of AA or NA meetings available. Again, counselors who are familiar with alcohol/drug abuse can provide on-going counseling, support and education.

Assessment of Problem Use

Knowing and recognizing potential signs of chemical abuse, as discussed above, is an important step in helping students who may be experiencing problems. Change in behaviors as well as the appearance of several of the signs mentioned may be indicative that some kind of intervention is needed. A significant aspect of chemical dependency is the denial exhibited by the individual. In the absence of outside feedback, many people are able to rationalize, minimize and in other ways deny the problem. Chemical use becomes such an integral part of one's life that one is unable to see the negative effects or is unable to attribute them to the use of the alcohol or other drugs. This is where caring persons have the opportunity to help intervene. While accusations about chemical use may lead to even stronger denial, sharing of genuine concerns can be an effective technique to help someone realize how their use is having a negative impact. The use of "I" statements and naming specific concerns or behaviors can be helpful. For example, a concerned staff person might say, "I notice you have been missing a lot of school. I see that your grades have slipped and you often look as if you are sick. I care about you and am concerned that you might need some help." Such communication is less likely to raise the young person's defenses and lets them know that someone cares. Another important action that can be taken is allowing post-secondary students to experience the consequences of the choices they make. Sparing someone from consequences only serves to reinforce their notion that there is no problem.

Students who may be experiencing problems related to their use of alcohol and other drugs should be referred to a qualified individual for an assessment. Unfortunately, with deaf and hard of hearing students, an assessor who is able to communicate directly is often impossible to find. It is crucial that students who go for drug and alcohol assessments be provided with a qualified interpreter when the assessor is not skilled in communicating with deaf persons. A valid assessment hinges on being able to communicate clearly and accurately.

Referring to Treatment

If a student is determined to be in need of treatment services, it is important for post-secondary staff persons to be familiar with resources for treatment services. Only a few chemical dependency programs exist nationally that work specifically with deaf and hard of hearing persons. Some students may need the services of such programs. Others may be able to successfully participate in mainstream type programs with the use of an interpreter or other communication aids. Careful consideration should be given to the services and programming provided to clients when selecting a treatment program. Treatment services should meet the needs of the client and offer the client education, support, counseling, and skill building directed toward recovery from alcohol/drug abuse problems. Almost without exception, other issues or problems arise during the course of chemical dependency treatment. Some commonly identified problems include grief/loss, ineffective coping skills, abuse issues, poorly developed social skills and mental health concerns. While important and often closely linked to the use of chemicals, these problems are generally more effectively addressed in sobriety.

Post-secondary staff members who help refer a student to treatment may want to participate in on-going communication with treatment staff during the course of treatment. With the agreement of the individual and signing of proper releases, this communication can help to establish a support system for the student upon completion of treatment. Direct communication with the student can provide a sense of support for the difficult process of recovery.

Aftercare

As previously mentioned in the discussion of tertiary prevention, aftercare is essential to ongoing recovery. Treatment is an important step in the process but the real work of recovery begins after treatment. Generally aftercare recommendations include ongoing counseling (both individual and group if possible), attendance at Twelve Step meetings (Alcoholics Anonymous, Narcotics Anonymous, etc.), and obtaining and maintaining contact with a sponsor. For deaf and hard of hearing persons, these components of an aftercare plan may be difficult to obtain. Although an increasing number of AA and NA meetings are accessible through an interpreter and more counselors with training in chemical dependency and deafness are available, there still exists a serious lack of resources that are accessible to deaf and hard of hearing persons. These barriers present additional challenges to deaf and hard of hearing young people pursuing recovery.

The Minnesota Chemical Dependency Program for Deaf and Hard of Hearing Individuals has done some follow-up work with clients who have participated in the program. In relation to predictors that seem to correlate with maintaining sobriety, three are particularly significant. These follow-up studies show that three factors have a strong positive influence on the maintenance of sobriety: 1) someone, such as family or friends, to talk with about sobriety; 2) employment; and 3) involvement in self help groups. In other words, individuals who have the support of other sober people, who engage in some kind of work and who can communicate with

someone about their recovery are more likely to stay sober. It appears that these factors can help clarify how young deaf and hard of hearing students can best be supported in recovery.

CONCLUSION

The use of alcohol and drugs at post-secondary programs continues to be a problem for some students including deaf and hard of hearing students. The Minnesota Chemical Dependency Program for Deaf and Hard of Hearing Individuals serves as a model program in providing appropriate, accessible chemical dependency treatment services to deaf and hard of hearing people. Materials developed by the Program, can provide useful tools in addressing and dealing with this problem. Awareness of the signs and symptoms of chemical abuse and dependency puts post-secondary programs in the position of being able to provide education, support, counseling and referral to students who may be experiencing problems. Support for students who are in recovery is also an important component of post-secondary program offerings.

For more information about the Minnesota Chemical Dependency Program for Deaf and Hard of Hearing or any of its materials, please contact the Program at:

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